

~~CONFIDENTIAL~~
(When Filled In)

NOTICE OF CREDITABLE SERVICE

[FOR LEAVE PURPOSES]

NAME (Last, First, Middle)

KING, ANNIE L.

OFFICE (and Division)

DDS, PERSONNEL

<input checked="checked" type="checkbox"/> ORIGINAL	SERVICE COMPUTATION DATE
<input type="checkbox"/> CORRECTION	7/30/49
THIS DATE	SIGNATURE (Office of Personnel)
29 Sept 58	

FORM NO. 171 OBSOLETE PREVIOUS
1 FEB 57 EDITIONS.~~CONFIDENTIAL~~APPROVED FOR RELEASE ☐
DATE: 30-Jul-2010